

*\$ RCE / 1/16*

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Attorney Docket No. AMS-174

REQUEST FOR CONTINUED EXAMINATION  
(RCE) TRANSMITTAL

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of Application No. 10/713,437, filed November 14, 2003 for: Penile Prosthesis Implantation Tool, by: Francois J. Eid, M.D.

1. Submission required under 37 C.F.R. § 1.114

- a. ☐ Previously submitted  
☐ Please enter in the present application the unentered Amendment under 37 C.F.R. § 1.116, with any attachments, filed on \_\_\_\_\_ in said prior application.  
☐ Consider the arguments in the Appeal Brief or reply Brief previously filed on \_\_\_\_\_  
☐ Other \_\_\_\_\_
- b. ☒ Enclosed  
☒ A Preliminary Amendment is enclosed. Claims added by this Amendment are properly numbered consecutively beginning with the number next following the highest numbered claim in the prior application.  
☐ Affidavit(s)/Declaration(s)  
☐ Information Disclosure Statement (IDS)  
☐ Other:

11/15/2005 SHASSEN1 00000015 501921 10713437

2. ☒ The filing fee is calculated below: 01 FC:1801 790.00 DA

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra (Equals)	Large Entity Rate	Add'l Fee
Total	24	- 27	= 0	x 50	\$0
Indep.	*	- <input checked="" type="checkbox"/> ***	=	x 200	\$
RCE fee				+ 790	\$790
Mult. Dep.			=	+ 360	\$
TOTAL					\$790

☐ First Presentation of Multiple Dependent Claim [MDC]

\* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

3. [X] The Commissioner is hereby authorized to charge the filing fee to **Deposit Account No. 50-1921**. The Commissioner is further authorized to grant any extensions of time and to charge any fees under 37 C.F.R. §§ 1.16 and 1.17 that may be required during the entire pendency of this application to **Deposit Account No. 50-1921**.

Respectfully submitted,



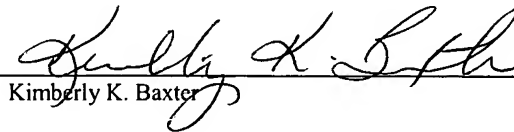
Kimberly K. Baxter  
Registration No. 40,504

*Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 50-1921.*

CERTIFICATE OF MAILING

I hereby certify that this document is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

November 11, 2005  
Date of Deposit

  
Kimberly K. Baxter